

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 10/12/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152516	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/11/2012
NAME OF PROVIDER OR SUPPLIER FRESENIUS MEDICAL CARE GRANT COUNTY DIAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1797 W KEM RD MARION, IN 46952		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
V 000	<p>INITIAL COMMENTS</p> <p>This visit was for an ESRD recertification survey.</p> <p>Survey dates: 10/9/12 - 10/11/12</p> <p>Facility #: 005161</p> <p>Medicaid vendor #: 100081860C</p> <p>Surveyors: Ingrid Miller, RN, PHNS Susan Sparks, RN, PHNS</p> <p>Census: 85 in-center hemodialysis patients (19 Nocturnal dialysis) 9 Peritoneal dialysis patients 0 home hemodialysis patients</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN October 12, 2012</p>	V 000			
V 111	<p>494.30 IC-SANITARY ENVIRONMENT</p> <p>The dialysis facility must provide and monitor a sanitary environment to minimize the transmission of infectious agents within and between the unit and any adjacent hospital or other public areas.</p> <p>This Standard is not met as evidenced by: Based on observations, staff interview, and review of policies and procedures, the facility failed to follow its own policy and procedure for clean and dirty areas for 1 of 4 observations (#1) with the potential to affect all the agency's incenter patients.</p> <p>Findings</p> <p>1. Observation #1 was completed on 10/9/12 at 1:45 PM. On the side of pod #1, a white cart</p>	V 111			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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V 111	<p>Continued From page 1</p> <p>was observed on the outside of the isolation room. This cart contained one white container on the left side with clean hemostat clamps, several blue tourniquets in the middle section, and a covered blue container with clear liquid labeled 1:100 bleach. A white paper cloth which was soiled with brown stains and black fuzz was observed under the containers.</p> <p>2. At 10/9/12 at 1 PM, Employee B, a patient care technician, indicated the blue container on the right was for soaking dirty hemostat clamps and the container on the left was for storage of clean hemostat clamps. She indicated the cloth had been changed on 10/6/12.</p> <p>3. The agency policy titled "Dialysis Precautions" with an effective date of 1-4-12 stated, "Clean versus dirty areas: Clean area: an area designated for clean and unused equipment, supplies and medications, Dirty area: an area where this is a potential for contamination with blood or body fluids and areas where contaminated or used supplies, equipment, blood supplies or biohazard containers are stored or handled ... clean areas should be clearly designated for the preparation and handling and storage of medications and unused supplies and equipment. Clean areas should be clearly separated from dirty area where used supplies, equipment, or blood samples are handled or stored."</p> <p>4. On 10/9/12 at 1:30 PM, Employee A, the clinical manager, indicated the clean and dirty sides of the cart were not clearly marked and the cloth under the items was soiled.</p>	V 111			
V 117	494.30(a)(1)(i) IC-CLEAN/DIRTY;MED PREP AREA;NO COMMON CARTS	V 117			

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V 117	<p>Continued From page 2</p> <p>Clean areas should be clearly designated for the preparation, handling and storage of medications and unused supplies and equipment. Clean areas should be clearly separated from contaminated areas where used supplies and equipment are handled. Do not handle and store medications or clean supplies in the same or an adjacent area to that where used equipment or blood samples are handled.</p> <p>When multiple dose medication vials are used (including vials containing diluents), prepare individual patient doses in a clean (centralized) area away from dialysis stations and deliver separately to each patient. Do not carry multiple dose medication vials from station to station.</p> <p>Do not use common medication carts to deliver medications to patients. If trays are used to deliver medications to individual patients, they must be cleaned between patients.</p> <p>This Standard is not met as evidenced by: Based on observations, staff interview, and review of policies and procedures, the facility failed to follow its own policy and procedure for clean and dirty areas for 1 of 4 observations (#1) with the potential to affect all the agency's patients.</p> <p>Findings</p> <p>1. Observation #1 was completed on 10/9/12 at 1:45 PM. On the side of pod #1, a white cart was observed on the outside of the isolation room. This cart contained one white container on the left side with clean hemostat clamps, several blue tourniquets in the middle section, and a covered blue container with clear liquid labeled 1:100 bleach. A white paper cloth which was</p>	V 117			

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V 117	<p>Continued From page 3</p> <p>soiled with brown stains and black fuzz was observed under the containers.</p> <p>2. At 10/9/12 at 1 PM, Employee B, a patient care technician, indicated the blue container on the right was for soaking dirty hemostat clamps and the container on the left was for storage of clean hemostat clamps. She indicated the cloth had been changed on 10/6/12.</p> <p>3. The agency policy titled "Dialysis Precautions" with an effective date of 1-4-12 stated, "Clean versus dirty areas: Clean area: an area designated for clean and unused equipment, supplies and medications, Dirty area: an area where this is a potential for contamination with blood or body fluids and areas where contaminated or used supplies, equipment, blood supplies or biohazard containers are stored or handled ... clean areas should be clearly designated for the preparation and handling and storage of medications and unused supplies and equipment. Clean areas should be clearly separated from dirty area where used supplies, equipment, or blood samples are handled or stored."</p> <p>4. On 10/9/12 at 1:30 PM, Employee A, the clinical manager, indicated the clean and dirty sides of the cart were not clearly marked and the cloth under the items was soiled.</p>	V 117			